

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>W</i>	<i>7634</i>	<i>10-28-99</i>
O.I.P.E. CLASSIFIER		<i>7</i>	<i>11-2-99</i>
FORMALITY REVIEW		<i>71634</i>	<i>11/12/99</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	10/8/02
2	✓
3	✓
4	✓
5	✓
6	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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